

Application for Name Change
and Report of Loss of Eligibility Confirmation Document

- (1) If the reason is other than marriage or divorce, please attach the official family register.
(2) If you have a valid Eligibility Confirmation Document issued under your previous name, please attach it.
(3) If you find the lost Eligibility Confirmation Document, return it immediately. It is mandatory, so please be careful in the future.
(4) Name information on the health insurance website (e.g., cafeteria menu, health checkup reservations) is updated on the 11th and 22nd of each month.

Application Date: 〇〇年 〇月 〇日

Insured (Required)	Insurance No.	Code 〇 - 〇〇〇〇	Number 〇〇〇〇〇	GUI (Required) 〇〇〇〇〇	Date of birth 5 昭和 7 平成 9 令和 〇 〇 年 〇 〇 月 〇 〇 日
	Previous Name	Furigana ケンボ タロウ 健保 太郎			
	Postal Code	000 - 0000		Tel	012 - 345 - 6789
	Address	〇〇 都 道 府 県 〇〇市1-2-3 〇〇マンション101号室			

Target Person	Insured	Previous Name	健保 太郎			Family Relation	本人
		Furigana	ホケン タロウ			Return of Previous Eligibility Confirmation Document	<input type="checkbox"/> Attached <input type="checkbox"/> Discarded due to expiration <input type="checkbox"/> Discarded due to My Number Health Insurance registration <input checked="" type="checkbox"/> Lost or Other () <input type="checkbox"/> Not Issued
		New Name	保健 太郎				
		Reason for Name Change	結婚	Name Change YY/MM/DD	9令和 〇 〇 〇 〇 〇 〇	How to visit a medical institution	<input checked="" type="checkbox"/> Use My Number Card <input type="checkbox"/> Unable to use My Number Card - Request reissuance of Eligibility Confirmation Document *The health insurance society will check your My Number registration status and issue only if necessary.
	Dependent ①	Previous Name				Family Relation	
		Furigana				Return of Previous Eligibility Confirmation Document	<input type="checkbox"/> Attached <input type="checkbox"/> Discarded due to expiration <input type="checkbox"/> Discarded due to My Number Health Insurance registration <input type="checkbox"/> Lost or Other () <input type="checkbox"/> Not Issued
		New Name					
		Reason for Name Change		Name Change YY/MM/DD	9令和 〇 〇 〇 〇 〇 〇	How to visit a medical institution	<input type="checkbox"/> Use My Number Card <input type="checkbox"/> Unable to use My Number Card - Request reissuance of Eligibility Confirmation Document *The health insurance society will check your My Number registration status and issue only if necessary.
	Dependent ②	Previous Name				Family Relation	
		Furigana				Return of Previous Eligibility Confirmation Document	<input type="checkbox"/> Attached <input type="checkbox"/> Discarded due to expiration <input type="checkbox"/> Discarded due to My Number Health Insurance registration <input type="checkbox"/> Lost or Other () <input type="checkbox"/> Not Issued
		New Name					
		Reason for Name Change		Name Change YY/MM/DD	9令和 〇 〇 〇 〇 〇 〇	How to visit a medical institution	<input type="checkbox"/> Use My Number Card <input type="checkbox"/> Unable to use My Number Card - Request reissuance of Eligibility Confirmation Document *The health insurance society will check your My Number registration status and issue only if necessary.

確認日付印

Employer	Company location	※Employer's Certification Section Leave it blank to the social labor corporation of the business site Submit it. (After stamping at the contractor, it will be forwarded to the Health Insurance Society.)
	Company name	
	Name of the business owner	
	Tel.	

*If lost, please complete the section below.

Report of loss	Date and time	令和 〇〇 年 〇〇 月 〇〇 日 午後 〇 時 〇〇 分ごろ
	Place	自宅
	Situation	引越しの際に紛失しました

社会保険労務士の 提出代行者名記入欄	
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健保 使用 欄	常務理事	事務長		担 当